



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 8/25/08 to 10/19/08

1. Committee I.D. Number <u>150510</u>	4. Candidate Last Name <u>Rivard</u> First Name <u>Michael</u> M.I. <u>G.</u>
2. Committee Name <u>The Committee to Elect Mike Rivard for Roads</u>	4a. Office Sought Including District # or Community Served (If applicable) <u>Bay County Road Commission</u>
5. Committee's Mailing Address <u>840 N. Garfield Rd</u> <u>Linwood, MI 48634</u>  Area Code and Phone <u>989-879-5685</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	4b. County of Residence <u>Bay</u>
7. Treasurer's Business Address <u>840 N. Garfield Rd</u> <u>Linwood, MI 48634</u>  Area Code and Phone _____	6. Treasurer's Name & Residential Address <u>Michael G Rivard</u> <u>840 N. Garfield Rd</u> <u>Linwood, MI 48634</u>  Area Code & Phone <u>989-879-5685</u>
	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>[Signature]</u> <u>8/24 2:27 PM '08</u>

9. TYPE OF STATEMENT	
9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election	9c. <input type="checkbox"/> Annual Statement ( _____ Coverage Year)
Pre-Election or Post-Election Statement relates to:	9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	9e. <input type="checkbox"/> Dissolution of Candidate Committee
<input type="checkbox"/> Convention <input type="checkbox"/> School	Effective Date of Dissolution _____
<input type="checkbox"/> Special <input type="checkbox"/> Caucus	
Date of Election, Convention or Caucus <u>November 4, 2008</u>	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper	<u>Michael G. Rivard</u>	<u>Michael Rivard</u>	Date	<u>10/24/08</u>
	Type or Print Name	Signature		
Candidate	<u>Michael G. Rivard</u>	<u>Michael Rivard</u>	Date	<u>10/24/08</u>
	Type or Print Name	Signature		



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

1. Committee I.D. Number

150510

2. Committee Name

The Committee to Elect Mike Rivard for Roads

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>2265.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>2265.00</u>	(18.) \$
<b>4. Other Receipts</b> (Schedule 1A-1, Column 6)	(4.) \$	<u>82.56</u>	(19.) \$
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>2347.56</u>	(20.) \$
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions</b> (Schedule 1-IK, Column 7)	(6.) \$	<u>35.00</u>	(21.) \$
<b>7. In-Kind Expenditures</b> (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>2397.75</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>2397.75</u>	(23.) \$
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>0</u>	(24.) \$
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>3000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0</u>	
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$	<u>376.85</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>2347.56</u>	
	(15.) = \$	<u>2724.41</u>	
<b>15. SUBTOTAL</b> Add lines 13 and 14			
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$	<u>2397.75</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>326.66</u>	*



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150510  
2. Committee Name The Committee to Elect Mike Rivard for Roads

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9/30/08</u>	
Name & Address: <u>Larry &amp; Patty Wiley</u> <u>2232 S. Wakeley Bridge Rd</u> <u>Grayling Twp, MI 49738</u>		\$ <u>40.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9/30/08</u>	
Name & Address: <u>Robert &amp; Sue Bloenk</u> <u>1111 N. Water Street, Ste 208</u> <u>Bay City, MI 48708</u>		\$ <u>25.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9/12/08</u>	
Name & Address: <u>Vansumeran, Nina</u> <u>889 Shady Shore Drive</u> <u>Bay City, MI 48706</u>		\$ <u>20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9/12/08</u>	
Name & Address: <u>Meylan, Ed</u> <u>1161 S. 8-Mile</u> <u>Kawkawlin, MI 48631</u>		\$ <u>20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 105.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/12/08</u> Name & Address: <u>Niederer, Nelson</u> <u>5402 Elmview Dr.</u> <u>Bay City, MI 48706</u>		\$ <u>20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/12/08</u> Name & Address: <u>Heinz, Bob + Mary</u> <u>5754 Michael</u> <u>Bay City, MI 48706</u>		\$ <u>40.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/12/08</u> Name & Address: <u>Thompson, Rick + Leslie</u> <u>7417 7-Mile Rd</u> <u>Freeland, MI 48623</u>		\$ <u>60.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/12/08</u> Name & Address: <u>Horn, Bob</u> <u>414 Nebobish</u> <u>Bay City, MI 48708</u>		\$ <u>20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

140.00

Grand Total of All Schedules 1A  
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/08</u></p> <p>Name &amp; Address: <u>Reinhardt, Keith</u> <u>7261 Kara</u> <u>Bay City, MI 48706</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		<u>\$20.00</u>	\$ _____
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/08</u></p> <p>Name &amp; Address: <u>Rice, Harry</u> <u>7261 Kara</u> <u>Bay City, MI 48706</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		<u>\$20.00</u>	\$ _____
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/08</u></p> <p>Name &amp; Address: <u>Hartley, Terry</u> <u>2319 E. Freeland Rd</u> <u>Freeland, MI 48623</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		<u>\$20.00</u>	\$ _____
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/08</u></p> <p>Name &amp; Address: <u>Lance, Matt</u> <u>PO Box 426</u> <u>Bay City, MI 48706</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		<u>\$20.00</u>	\$ _____

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80.00

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<p>3. Contribution #1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/12/08</u> Name &amp; Address: <u>Rivard, Robert + Suzanne</u> <u>1498 W. Anderson Rd</u> <u>Linwood, MI 48634</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>40.00</u>	\$ _____
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/12/08</u> Name &amp; Address: <u>Harnden, Mark</u> <u>3753 Garfield Rd</u> <u>Auburn, MI 48611</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>20.00</u>	\$ _____
<p>3. Contribution #3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/12/08</u> Name &amp; Address: <u>Poirier, Dennis</u> <u>1265 Orchard Rd</u> <u>Essexville, MI 48732</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>20.00</u>	\$ _____
<p>3. Contribution #4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/12/08</u> Name &amp; Address: <u>Gorney, Bob &amp; Pat</u> <u>886 N. Garfield</u> <u>Linwood, MI 48634</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>40.00</u>	\$ _____

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/08</u> Name & Address: <u>Begick, Vaughn + Marg</u> <u>5353 Lorraine</u> <u>Bay City, MI 48706</u>		\$ <u>40.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/08</u> Name & Address: <u>Simstad, Ed</u> <u>3318 Broadmore Dr.</u> <u>Bay City, MI 48706</u>		\$ <u>20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/08</u> Name & Address: <u>Simstad, Mike</u> <u>3318 Broadmore Drive</u> <u>Bay City, MI 48706</u>		\$ <u>20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/08</u> Name & Address: <u>Glaza, Rich + Carol</u> <u>3036 Glenway South</u> <u>Bay City MI 48706</u>		\$ <u>40.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/08</u> Name & Address: <u>Pomaville, Louis</u> <u>2585 N. Euclid</u> <u>Bay City, MI 48706</u>		\$ <u>40.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/08</u> Name & Address: <u>Van Sumeran, Becky</u> <u>889 Shady Shore</u> <u>Bay City, MI 48706</u>		\$ <u>20.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/08</u> Name & Address: <u>Simstad, Marci</u> <u>3318 Broadmore Dr.</u> <u>Bay City, MI 48706</u>		\$ <u>20.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/08</u> Name & Address: <u>Steinhoff, Joanne</u> <u>301 State Street</u> <u>Bay City, MI 48706</u>		\$ <u>20.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

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100.00

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3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/08</u> Name & Address: <u>Obermiller, Abbie</u> <u>840 N. Garfield Rd</u> <u>Linwood, MI 48634</u>		\$ <u>20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/08</u> Name & Address: <u>Niemann, Rich &amp; Lois</u> <u>4081 Richlyn Ct.</u> <u>Bay City, MI 48706</u>		\$ <u>40.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/08</u> Name & Address: <u>Ainslie, Rex + Marge</u> <u>405 Patricia St.</u> <u>Auburn, MI 48611</u>		\$ <u>40.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/08</u> Name & Address: <u>Nagy, Roger &amp; Vickie</u> <u>1835 EN Boutell</u> <u>Linwood, MI 48634</u>		\$ <u>70.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

170.00

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

150510

2. Committee Name

The Committee to Elect Mike Rivard for Roads

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt

9/12/08

Name & Address:

Giorgis, Sarah  
Lincoln St.  
Bay City, MI 48708

\$20.00

\$

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt

9/12/08

Name & Address:

Jonas, Diane  
2967 Sunny Beach Dr.  
Bay City, MI 48706

\$20.00

\$

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt

9/12/08

Name & Address:

Niemann, Dave + Amanda  
181 River Trail  
Bay City, MI 48706

\$50.00

\$

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt

9/12/08

Name & Address:

Reinke, Carole  
Oakdale Drive  
Bay City, MI 48706

\$20.00

\$

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

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Page Subtotal

110.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150510  
2. Committee Name The Committee to Elect Mike Rivard for Roads

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/12/08</u></p> <p>Name &amp; Address: <u>Niemann, Tom</u> <u>4058 Allen Ct</u> <u>Bay City, MI 48706</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		<u>\$20.00</u>	\$ _____
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/12/08</u></p> <p>Name &amp; Address: <u>Crook, Del + Sandy</u> <u>3052 Melrose</u> <u>Bay City, MI 48706</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		<u>\$40.00</u>	\$ _____
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/12/08</u></p> <p>Name &amp; Address: <u>Loehn, Jack + Sue</u> <u>3025 Crestwood Ct</u> <u>Bay City, MI 48706</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		<u>\$40.00</u>	\$ _____
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/12/08</u></p> <p>Name &amp; Address: <u>Rivard, Marie</u> <u>1947 Bentley Rd</u> <u>Bentley, MI 48613</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input checked="" type="checkbox"/> Fund Raiser</p>		<u>\$20.00</u>	\$ _____

Page Subtotal 120.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150510  
2. Committee Name The Committee to Elect Mike Rivard for Roads

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/08</u> Name & Address: <u>Werth, Tom &amp; Jeanne</u> <u>900 Germania</u> <u>Bay City, MI 48706</u>		\$ <u>80.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/12/08</u> Name & Address: <u>Kloka, Rachel</u> <u>602 N. Warner</u> <u>Bay City, MI 48706</u>		\$ <u>20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/2/08</u> Name & Address: <u>Wagner, Greg</u> <u>308 Pine</u> <u>Essexville, MI 48732</u>		\$ <u>25.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization \$ <u>10.00</u> Fundraiser \$ <u>15.00</u> Direct	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/2/08</u> Name & Address: <u>Steinhoff, Joanne</u> <u>301 State St.</u> <u>Bay City, MI 48706</u>		\$ <u>10.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

135.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

150510

2. Committee Name

The Committee to Elect Mike Rivard for Roads

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 9/12/08

Name & Address:

The Committee to Elect Mike Rivard for Roads  
840 N. Garfield Rd  
Linwood, MI 48134

\$ 40.00

\$

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 10/02/08

Name & Address:

Niemann, Tom  
4058 Allen Ct.  
Bay City, MI 48706

\$ 10.00

\$ 30.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 10/02/08

Name & Address:

Werth, Jeanne  
900 Germania Ave  
Bay City, MI 48706

\$ 10.00

\$ 90.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 10/02/08

Name & Address:

Harnden, Mark  
3753 Garfield  
Auburn, MI 48611

\$ 10.00

\$ 30.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

70.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

150510

2. Committee Name

The Committee to Elect Mike Rivard for Roads

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 10/02/08

Name & Address:

Carruthers, Ladeema  
141 E Herman  
Auges, MI 48703

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

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\$10.00 Fundraiser  
\$40.00 Direct

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/02/08

Name & Address

Kawolski, Matthew  
1603 Cass Ave.  
Bay City, MI 48708

\$ 10.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

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3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 10/02/08

Name & Address:

Werth, Emily  
900 Germania  
Bay City, MI 48706

\$ 10.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

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3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 10/02/08

Name & Address

Niemann, Rich & Lois  
4081 Richlyn  
Bay City, MI

\$ 20.00

\$ 60.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

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40.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150510  
2. Committee Name The Committee to Elect Mike Rivard for Roads

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/02/08</u> Name & Address: <u>Rivard, Marie</u> <u>1947 Bentley Rd</u> <u>Bentley, MI 48613</u>		\$ <u>10.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/02/08</u> Name & Address: <u>Rivard, Robert + Suzanne</u> <u>1498 W. Anderson Rd</u> <u>Linwood, MI 48634</u>		\$ <u>20.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/02/08</u> Name & Address: <u>Nagy, Vickie</u> <u>1835 EW Boutell</u> <u>Linwood, MI 48634</u>		\$ <u>25.00</u>	\$ <u>95.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/02/08</u> Name & Address: <u>Kloka, Rachel</u> <u>602 N. Warner</u> <u>Bay City, MI 48706</u>		\$ <u>10.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

65.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150510  
2. Committee Name The Committee to Elect Mike Rivard for Roads

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt 10/02/08  
Name & Address:

Obermiller, Abbie  
840 N. Garfield Rd  
Linwood, MI 48634

\$ 10.00

\$ 30.00

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/02/08  
Name & Address:

Escamilla, Sarah  
2061 E. Coggins Rd  
Pinconning, MI 48650

\$ 10.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

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3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 10/02/08  
Name & Address:

Rivard, Andy  
944 Saganing  
Bentley, MI 48613

\$ 10.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

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3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 10/02/08  
Name & Address:

Cronk, Kip  
205 E. Fisher  
Bay City, MI 48706

\$ 10.00

\$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

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Page Subtotal

40.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150510  
2. Committee Name The Committee to Elect Mike Rivard for Roads

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/02/08</u> Name & Address: <u>Van Sumeran, Nina</u> <u>889 Shady Shore</u> <u>Bay City MI 48706</u>		\$ <u>10.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/02/08</u> Name & Address: <u>Simstad, Marci</u> <u>3318 Broadmore Dr</u> <u>Bay City, MI 48706</u>		\$ <u>10.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/02/08</u> Name & Address: <u>Niederer, Nelson</u> <u>5402 Elmview Dr.</u> <u>Bay City, MI 48706</u>		\$ <u>10.00</u>	\$ <u>65.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/02/08</u> Name & Address: <u>Gromaski, Richard</u> <u>2075 E. Coggins</u> <u>Pinconning, MI 48650</u>		\$ <u>10.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

40.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

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line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150510

2. Committee Name The Committee to Elect Mike Rivard for Roads

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>8/28/08</u> Name & Address: <u>Bay County Republican Party</u> <u>Bay City, MI 48706</u>		<u>\$700.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

700.00

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150510  
2. Committee Name The Committee to Elect Mike Rivard for Roads

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/02/08</u>	
Name & Address: <u>Pagnier, Art+Millie</u> <u>113 Darley Avenue</u> <u>Auburn, MI 48611</u>		\$ <u>20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/02/08</u>	
Name & Address: <u>Duranczyk, Frank</u> <u>628 Oakwood</u> <u>Pinconning, MI 48650</u>		\$ <u>10.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/02/08</u>	
Name & Address: <u>Duranczyk, Mike</u> <u>710 Bermuda Ct.</u> <u>Pinconning, MI 48650</u>		\$ <u>10.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/02/08</u>	
Name & Address: <u>The Committee to Elect Mike Rivard for Roads</u> <u>840 N. Garfield Rd</u> <u>Linwood, MI 48634</u>		\$ <u>20.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

60.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

1575.00

2265.00

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED OTHER RECEIPTS  
SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number 150510  
2. Committee Name The Committee to Elect Mike Rivard for Roads

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: <u>City of Bay City</u> <u>301 Washington Ave</u> <u>Bay City MI 48706</u>	Date of Receipt <u>9/15/08</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ <u>50.00</u> Click for Memo Itemization Type <u>Deposit for Pavilion Rental</u>
Receipt #2 Name & Address: <u>Bosco Food Service Inc</u> <u>407 Eleventh St. PO Box 547</u> <u>Bay City MI 48708</u>	Date of Receipt <u>9/15/08</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ <u>32.56</u> Click for Memo Itemization Type <u>Food Service Return</u>
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type

Page Subtotal

82.56

Grand Total of All Schedules 1A-1  
(Complete on last page of Schedule)

82.56

Enter this total on  
line 4 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number

150510

## CANDIDATE COMMITTEE

2. Committee Name

The Committee to Elect Mike Rivard for Roads

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Niederer, Nelson + Jodi 5402 Elmview Dr. Bay City, MI 48706 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description Pop + Ice for Fundraiser 5. Date Of Receipt: 9/12/08 6. Vendor Name & Address:	\$ 35.00	
<a href="#">Click Here for Memo Itemization</a>			
<input checked="" type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address:  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$	\$
<a href="#">Click Here for Memo Itemization</a>			
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address:  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$	\$
<a href="#">Click Here for Memo Itemization</a>			
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal

35.00

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

35.00

Enter this total  
on line 6 of Summary  
Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150510

2. Committee Name The Committee to Elect Mike Rivard for Roads

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Staples</u> Address <u>4021 N. Euclid Ave</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ink Cartridges</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/26/08</u> Date	<u>\$166.76</u>
Expenditure #2 Name <u>City of Bay City</u> Address <u>301 Washington Ave</u> <u>Bay City, MI 48708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Rent on Pavilion for Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/27/08</u> Date	<u>\$250.00</u>
Expenditure #3 Name <u>Office Max</u> Address <u>2272 Tittabawassee Rd</u> <u>Saginaw, MI 48602</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Paper for Tickets and Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/31/08</u> Date	<u>\$10.34</u>
Expenditure #4 Name <u>Howe's</u> Address <u>2258 Tittabawassee Rd</u> <u>Saginaw, MI 48602</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Sign Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/31/08</u> Date	<u>\$45.50</u>
Expenditure #5 Name <u>Local 362</u> Address <u>4427 E. Wilder Rd</u> <u>Bay City, MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Rent on UAW Hall for Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/10/08</u> Date	<u>\$100.00</u>

Subtotal this page

472.60

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 150510  
2. Committee Name The Committee to Elect Mike Rivard for Roads

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>GFS</u> <u>3730 Wilder Rd</u> Address <u>Bay City, MI 48706</u>  <input checked="" type="checkbox"/> Fund Raiser	Purpose <u>Fundraiser Supplies</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/11/08</u> Date	<u>\$ 101.03</u>  <a href="#">Click Here for Memo Itemization Type</a>
<b>Expenditure #2</b> Name <u>Bosco Foods</u> <u>PO Box</u> Address <u>407 Eleventh St. 547</u> <u>Bay City, MI 48706</u>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Supplies</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/11/08</u> Date	<u>\$ 154.60</u>  <a href="#">Click Here for Memo Itemization Type</a>
<b>Expenditure #3</b> Name <u>Committee to Elect Mike Rivard for Roads</u> Address <u>840 N. Garfield Rd</u> <u>Linwood, MI 48034</u>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Tickets for Mike &amp; Lynn</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/12/08</u> Date	<u>\$ 40.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
<b>Expenditure #4</b> Name <u>Meats &amp; Mooore</u> Address <u>1411 S. Wenona St.</u> <u>Bay City, MI 48706</u>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Profit Split Cost</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/13/08</u> Date	<u>\$ 50.00</u>  <a href="#">Click Here for Memo Itemization Type</a>
<b>Expenditure #5</b> Name <u>Essexville Lions Club</u> Address <u>Essexville, MI 48732</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Benefit Dinner Tickets</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/14/08</u> Date	<u>\$ 50.00</u>  <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page 905.63

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150510  
2. Committee Name The Committee to Elect Mike Rivard for Roads

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>Walmart</u> <u>3921 Wilder Rd</u> Address <u>Bay City MI 48706</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Paint</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/14/08</u> Date	<u>\$10.18</u>
<b>Expenditure #2</b> Name <u>Dave Shore for Supervisor</u> <u>3309 State Street</u> Address <u>Bay City, MI 48706</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Benefit Tickets</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/21/08</u> Date	<u>\$40.00</u>
<b>Expenditure #3</b> Name <u>Service Signs + Screen</u> <u>1605 Broadway</u> Address <u>Bay City, MI 48708</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/22/08</u> Date	<u>\$534.00</u>
<b>Expenditure #4</b> Name <u>Committee to Elect Mike Rivard for Roads</u> Address <u>840 N. Garfield Rd</u> <u>Linwood, MI 48634</u>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Tickets</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/2/08</u> Date	<u>\$20.00</u>
<b>Expenditure #5</b> Name <u>Third Street Deli</u> <u>306 Mable Street (M13)</u> Address <u>Pinconning, MI 48750</u>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Profit Split Cost</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/3/08</u> Date	<u>\$150.00</u>

Subtotal this page 754.18

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page





**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150510  
2. Committee Name The Committee to Elect Mike Rivard for Roads

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Rotary International</u> Address <u>Bay City, MI 48708</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Benefit Dinner tickets</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/08</u> Date	<u>\$120.00</u>
Expenditure #2 Name <u>Shirts Mugs + More</u> <u>2911 Center Ave.</u> Address <u>Essexville, MI 48732</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Pins</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/08</u> Date	<u>\$12.72</u>
Expenditure #3 Name <u>Rotary of Bay City</u> Address <u>Bay City, MI 48706</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Benefit Donation</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/08</u> Date	<u>\$63.00</u>
Expenditure #4 Name <u>Wal Mart</u> <u>3921 Wilder Rd</u> Address <u>Bay City, MI 48706</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Photos</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/18/08</u> Date	<u>\$63.81</u>
Expenditure #5 Name <u>Wal Mart</u> <u>3921 Wilder Rd</u> Address <u>Bay City, MI 48706</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Card Stock Paper</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/08</u> Date	<u>\$5.81</u>

Subtotal this page 265.34

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 2397.75

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150570  
2. Committee Name The Committee to Elect Miko Rivard for Road

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held <u>September 12, 2008</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>60</u>	5. Type of Fund Raising Activity <u>Pig Roast Dinner</u>	6. Address and Name (If any) of the place where the activity was held. <u>Vet's Park Pavillion</u> <u>Kennedy Drive</u> <input type="checkbox"/> <u>Bay City, MI 48706</u> <small>Private Residence</small>
---	---	---	---

7. Total Contributions 1180.00  
8. Other Receipts 82.50  
9. Gross Receipts (Add lines 7 and 8) 1262.50  
10. Total Cost of Event 1115.97  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number

150510

2. Committee Name

The Committee to Elect Miko Rivard for Roads

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held

October 2, 2008

4. Number of Individuals Attending  
or Participating (whichever is  
greater)

31

5. Type of Fund Raising Activity

Dinner

6. Address and Name (If any) of the  
place where the activity was held.

Third Street Deli  
305 S. Maple Street  
Bay City, MI 48706

☐ Private Residence

7. Total Contributions

300.00

8. Other Receipts

0

9. Gross Receipts (Add lines 7 and 8)

300.00

10. Total Cost of Event

170.00

(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split  
(%)

Expenditure Split  
(%)

\_\_\_\_\_  
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- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 150510

2. Committee Name The Committee to Elect Mike Rivard for Roads

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by:  Michael G. Rivard 840 N. Garfield Rd Linwood, MI 48634	4. Type: <u>loan to committee</u> 5. <u>Date Debt Was Incurred:</u>  6. <u>Original Amount of Debt:</u> <u>\$3000.00</u>	\$ \$ \$ \$ \$	\$	\$  <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u>  6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$  <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u>  6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$  <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

3000.00  
Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.